



Part Submission Warrant

Part Name <u>1st Row Head Restraint</u>		Cust. Part Number <u>9S43-54610A60-AA</u>	
Shown on Drawing No. <u>10/8/2008</u>		Orig Part Number <u>8S43-54610A60-AF</u>	
Engineering Change Level <u>AA Reference Approved Concern # C12081181</u>		Dated <u>Feb-08</u>	
Additional Engineering Changes <u>Armature (BA-Level)</u>		Dated <u>Armature (01/2008)</u>	
Safety and/or Government Regulation <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Purchase Order No. _____ Weight (kg) <u>0.635</u>	
Checking Aid No. <u>3035</u> Checking Aid Engineering Change Level <u>1.7 / 1.10</u>		Dated <u>9/21/2006</u>	
ORGANIZATION MANUFACTURING INFORMATION		CUSTOMER SUBMITTAL INFORMATION	
<u>Windsor Machine & Stamping (G&R Cold Forging Inc)</u>		<u>Ford Motor Company</u>	
Organization Name & Supplier/Vendor Code <u>7085 Smith Industrial Drive</u>		Customer Name / Division <u>Korynn Braden</u>	
Street Address <u>McGregor, Ontario N0R 1J0 Canada</u>		Buyer / Buyer Code <u>F-Family Seating</u>	
City _____	Region _____	Postal Code _____	Country _____
Application _____			
MATERIALS REPORTING			
Has customer-required Substance of Concern information been reported? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> n/a			
Submitted by IMDS or other Customer format:		<u>IMDS # 65165544 / 0.01</u>	
Are polymeric parts identified with appropriate ISO marking codes? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> n/a			
REASON FOR SUBMISSION (Check at least one)			
<input type="checkbox"/> Initial Submission	<input type="checkbox"/> Change to Optional Construction or Material		
<input checked="" type="checkbox"/> Engineering Change(s)	<input type="checkbox"/> Supplier or Material Source Change		
<input type="checkbox"/> Tooling: Transfer, Replacement, Refurbishment, or Additional	<input type="checkbox"/> Change in Part Processing		
<input type="checkbox"/> Correction of Discrepancy	<input type="checkbox"/> Parts Produced at Additional Location		
<input type="checkbox"/> Tooling Inactive > than 1 year	<input type="checkbox"/> Other-please specify below _____		
REQUESTED SUBMISSION LEVEL(Check one)			
<input type="checkbox"/> Level 1 - Warrant only (and for designated appearance items, an Appearance Approval Report) submitted to customer			
<input checked="" type="checkbox"/> Level 2 - Warrant with product samples and limited supporting data submitted to customer.			
<input type="checkbox"/> Level 3 - Warrant with product samples and complete supporting data submitted to customer			
<input type="checkbox"/> Level 4 - Warrant and other requirements as defined by customer.			
<input type="checkbox"/> Level 5 - Warrant with product samples and complete supporting data reviewed at organization's manufacturing location.			
SUBMISSION RESULTS			
The results for <input type="checkbox"/> dimensional measurements <input checked="" type="checkbox"/> material & functional tests <input type="checkbox"/> appearance criteria <input type="checkbox"/> statistical process package			
These results meet all drawing record requirements: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (if "NO" Explanation Required)			
Mold / Cavity / Production Process		<u>Tube Forming / Foam Molding</u>	
DECLARATION			
I affirm that the samples represented by this warrant are representative of our parts which were made by a process that meets all Production Part Approval Process Manual 4th Edition Requirements. I further affirm that these samples were produced at the production rate of _____ / _____ hours. I also certify that documented evidence of such compliance is on file and available for review. I have noted any deviations from this declaration below.			
EXPLANATION/COMMENTS: <u>PSW sign-off for additional capacity foam tooling. Three additional 1st row foam tools (Cavities 8, 9, 10)</u>			
Is each Customer Tool Properly tagged and numbered? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> n/a			
Organization Authorized Signature: <u>[Signature]</u>		Date <u>10/8/2008</u>	
Print Name <u>Michael Vecera</u>	Phone No <u>519-726-4010</u>	FAX No <u>519-726-5368</u>	
Title <u>Program Manager</u>	E-mail <u>mvecera@windsormachine.com</u>		
FOR CUSTOMER USE ONLY (IF APPLICABLE)			
PPAP Warrant Disposition: <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Rejected <input type="checkbox"/> Other _____			
Customer Signature <u>[Signature]</u>		Date: <u>10/8/08</u>	
Print Name <u>George Raub (graub@ford.com)</u>	Customer Tracking Number (Optional) _____		